

SERVE SAFE _____ ALLERGY TR. _____	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. CAT -	YEAR 2012
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APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

CASH ☐

CHECK ☐


NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$100.00

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

Name
Title
Home Address

NAME OF CERTIFIED FOOD MANAGER :

NAME PERSON WITH ALLERGEN AWARENESS TRAINING:

NOTE: As of **October 1, 2001**, at least one Certified Food Manager is required for all Food Service operations which handle potentially hazardous foods (PHFs). As of **February 1, 2011**, have a staff person who has completed allergen awareness training. A copy of each certificate must be on file at the Health Office. **Please include a copy of each certificate with this application.**

NO LICENSE CAN BE ISSUED WITHOUT A CERTIFIED FOOD MANAGER AND ALLERGEN AWARENESS CERTIFICATE ON FILE.

Type of Establishment	Duration of Permit	Amount to be Paid Total Fee:
Retail Food <input type="checkbox"/>	Annual <input checked="" type="checkbox"/>	\$100.00
Food Service <input type="checkbox"/>	Seasonal <input type="checkbox"/>	
Bar Service <input type="checkbox"/>	Temporary <input type="checkbox"/>	
<u>Caterer</u> <input checked="" type="checkbox"/>		
Mobile Food <input type="checkbox"/>		
Mobile Retail <input type="checkbox"/>		
Residential <input type="checkbox"/>		
Bed & Breakfast <input type="checkbox"/>		

ADDITIONAL INFORMATION: Water Source _____

Sewage Disposal _____

Social Security or Federal ID# _____

Email Address _____

Telephone # _____

Signature of Individual or Corporate Officer _____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON